Michigan Immunization Update

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# Bronson Rambling Road Peds shows it can be done

Bronson Rambling Road Pediatrics, Portage, has succeeded in taking maximum advantage of the tools offered by the Michigan Childhood Immunization Registry (MCIR). This practice has entered the immunization records of more than 1,400 children (18 years of age and younger) in MCIR. All of the staff members have worked hard to assure their patients are immunized appropriately. The physicians, nursing staff and general office staff have all played a role in making sure that patients are fully immunized and assuring that immunization data are entered into MCIR.

In April 2001, Linda Baker, R.N., of Rambling Road, contacted the Michigan Department of Community Health (MDCH) and requested an immunization record assessment (commonly referred to as CASA, Clinical Assessment Software Application) for their practice. The assessment staff from MDCH conducted a mini-CASA, reviewing about 30 charts and analyzing data from MCIR to conduct the assessment and prepare results.

**The coverage levels for this practice are outstanding.**

Eighty-nine percent of the practice's 2-year-old patients are fully immunized, having received the following doses of vaccine: Four DTaP, three polio, one MMR, three Hib, and three doses of hepatitis B vaccine. Ninety-three percent of these children are immune to varicella. The efforts of the Rambling Road staff members to properly immunize their patients and to assure that immunization records are entered into MCIR are commendable.

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*Bronson Rambling Road Pediatrics staff members are very proud of the achievements of their Portage office.*

## Update on tetanus shortage on page 3

The country is now experiencing a severe shortage of Td vaccine that is expected to last for the remainder of this year. To assure the availability of the vaccine for those individuals at most risk for these diseases, the Michigan Department of Community Health (MDCH) and the Centers for Disease Control and Prevention (CDC) are recommending that all routine Td boosters for adolescents and adults be delayed until 2002.

**Schools are being asked to suspend the requirement that children and adolescents between the age of 7 and 18 have a booster dose prior to entering a new school.**

As a result of the deferral of routine booster doses, schools are being asked to suspend the requirement that children and adolescents between the age of 7 and 18 have a booster dose prior to entering a new school. For more information on these recommendations, individuals and health care professionals are encouraged to contact their local health departments.

***See page 3 for more information***

## Inside




Michigan Department of Community Health
MDCH
John Engler, Governor
James K. Haveman, Jr., Director


# Bronson Rambling Road Pediatrics

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### How can you get an immunization assessment?

If you are interested in receiving an immunization record assessment for your practice, contact Stephanie Sanchez, MDCH Assessment Coordinator at 517-335-9011. Sanchez can answer any questions you may have about what is involved with using MCIR and CASA for your practice's assessment.

# No association found between MMR & autism

The Institute of Medicine (IOM) announced on April 23 that, "A consistent body of epidemiological evidence shows no association at a population level between MMR and autistic spectrum disorders." The committee's findings echo those of other national and international medical groups, including the American Academy of Pediatrics, the World Health Organization, and British health authorities.

For a copy of the report, visit: http://www.iom.edu/imsafety

# Just one more visit to reach 90 percent immunization rate

A new CDC report indicates that just one more shot is generally all that's needed to bring under-immunized children up to date on recommended immunizations. Data from the 1999 CDC National Immunization Survey revealed that only 73 percent of the 0- to 2-year-old children in Michigan are fully immunized with the following doses of vaccine: Four DTaP, three polio, one MMR, three Hib, and three hepatitis B. If the children in the survey had been taken to the doctor just one more time, immunization levels in Michigan for this age group would have increased to 91 percent. Detroit would have increased from 57 percent to 85 percent.

### What can you do to make sure that this one office visit is made?

Use the recall feature of the Michigan Childhood Immunization Registry (MCIR). The State of Michigan has received federal supplemental funding for year 2001, and some of this funding is being used to pay for recall activities. Funding has been given to each MCIR region to pay for recall postage for private providers. Contact the MCIR regional office in your area and ask them about MCIR recall opportunities for your practice. (The *MCIR Regional Contact List* is included on page 21.)

Keep your data up to date in MCIR. Look up every child in MCIR, and use the assessment feature to find out when the next shot is due. Never miss an opportunity to immunize.

Our common goal is to ensure that every child in Michigan is fully protected from vaccine-preventative diseases. If we work together and follow the recommendations that have been shown to work, we can make this happen. Do it for the health of the children in Michigan.

# Shortage of Td vaccine leads to delays in booster doses for teens and adults

Michigan Department of Community Health Chief Medical Executive, Dr. David Johnson, has announced that the Centers for Disease Control and Prevention (CDC) is recommending that routine booster doses of tetanus and diphtheria vaccines (Td) for adolescents and adults be delayed until at least the beginning of the year 2002.

Due to the withdrawal of one of two pharmaceutical companies who previously produced the vaccine in the United States, the nation is now experiencing a severe shortage of Td vaccine. Health care professionals are being asked to stretch limited supplies of the vaccine by limiting the administration of the vaccine to those individuals at greatest risk.

"Last September, we communicated to health care providers about the national shortage of the tetanus-diphtheria vaccine and urged them to prioritize the use of the vaccine," said Johnson. "Now that the CDC has issued the guidelines on usage, we will continue to work closely with health care providers throughout the state to ensure vaccine is available to those who need it most."

**Individuals who should have priority for vaccination include:**

- persons traveling to a country where the risk for diphtheria is high;
- persons requiring tetanus vaccination for wound management;
- persons who have received less than three doses of any vaccine containing tetanus and diphtheria components;
- pregnant women who have not been vaccinated with Td within the past 10 years.

As a result of the deferral of routine booster doses, schools are being asked to suspend the requirement that children and adolescents between the age of 7 and 18 have a booster dose prior to entering a new school. For more information on these recommendations, individuals and health care professionals are encouraged to contact their local health departments.

"Health care providers should record the names of patients whose booster doses are delayed during the shortage so that these patients can be notified to return for a shot when supplies return to normal," said Johnson.

The Michigan Department of Community Health is distributing limited numbers of doses to be administered across the state at local health departments and in hospital emergency rooms. "Private physicians who are unable to obtain the vaccine should refer patients who match the CDC recommended priority groups to local health departments and hospital emergency rooms for vaccination because every effort is being made to keep these organizations appropriately stocked," said Johnson.

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Additional information on the Td vaccine shortage is included on pages 16-17.

# Hib meningitis strikes unvaccinated infant

**This article was published in the IAC Express, Issue Number 240, April 25, 2001, and is being reprinted with their permission**

The article *Vaccine's Safety, Morality Hit Home for Girl's Parents* by Bill Snyder appeared in the September 17, 2000, edition of *The Tennessean*. It tells the story of Suzanne and Leonard Walther of Tennessee, who had such serious concerns about the safety of vaccination that they put off immunizing their infant daughter until they had answers to their questions. In the meantime, unfortunately, their daughter contracted Hib meningitis.

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*They concluded that the benefits of vaccination far outweighed the risks.*

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Their daughter recovered, but the Walthers' experience led them to search further for answers to their questions. In the end they concluded that the benefits of vaccination far outweighed the risks. Suzanne Walther said, "I don't want my child to be the 1 in 3 million who suffers a potentially fatal reaction to a vaccine, but I also don't want her to be the 1 in 10 who dies if she gets the disease."

To read the full story on the website of *The Tennessean,* go to: http://www.tennessean.com/sii/00/09/17/vaccine17.shtml

# Influenza season is almost here again

The Michigan Department of Community Health (MDCH) anticipates an adequate supply of vaccine for the 2001-2002 flu season. While some delays are possible, they should not be as severe as last year. MDCH suggests that health care providers project their vaccine needs and submit orders as early as possible. Those providers who work directly with high-risk populations, in particular nursing home facilities, should have already placed their vaccine orders. MDCH also suggests placing orders with more than one vaccine manufacturer to help ensure that vaccine needs are met. Manufacturers producing influenza vaccine this 2001/2002 season are Aventis-Pasteur, Inc., General Injectables & Vaccines, Inc., and Wyeth-Lederle.

Influenza vaccine contains three strains of virus, two type A and one type B, that represent the influenza viruses likely to circulate within the U.S. in the upcoming winter season. The trivalent vaccine prepared for the 2001-02 influenza season will include A/Moscow/10/99 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like and B/Sichuan/379/99-like antigens. The recommended optimal time period for vaccinating individuals is October through November, however, successful vaccination campaigns can be conducted into late December and early January. It is important to make sure that this is included in educational and public awareness messages in the fall, since most people are used to hearing that flu vaccines are given into November but not beyond.

Influenza vaccination is strongly recommended for any person aged 6 months and older who, due to age or medical conditions, is at an increased risk for complications of influenza. Based on the Advisory Committee on Immunization Practices (ACIP) recommendations published in the April 20, 2001, Morbidity and Mortality Weekly Report (MMWR), vaccination is recommended for the following groups:

- persons aged 50 years and older
- residents of nursing homes and other chronic-care facilities
- adults and children aged 6 months and older who have chronic disorders of the pulmonary or cardiovascular systems, including asthma
- adults and children aged 6 months and older who have required regular medical follow-up or hospitalization during the past year because of chronic metabolic diseases (including diabetes), renal dysfunction, hemoglobinopathies, or immunosuppression
- children and teenagers, aged 6 months to 18 years, who are receiving long-term aspirin therapy and, therefore, might be at risk for developing Reye syndrome after influenza infection
- women who will be in the second or third trimester of pregnancy during the influenza season
- health care professionals and other personnel who care for or come in close contact with those at high risk in hospital and outpatient-care settings, nursing homes and chronic-care facilities, assisted living and other residences for high-risk persons
- persons who provide home care to persons in groups at high risk
- household members (including children) of persons at high risk

For the latest updates on the 2001-02 influenza season, please log onto http://www.cdc.gov/nip/flu/

Questions can be directed to the immunization program at your local health department or Dee Smith (517-335-8333) at MDCH.

## Immunization needle lengths

In most cases the following length needles should be used when giving vaccines.

### Children

For intramuscular (IM) shots – use a 7/8" to 1" length needle

For subcutaneous (SC) shots – use a 5/8" to 3/4" length needle

### Adults

For intramuscular (IM) shots – use a 1" to 11/2" length needle

For subcutaneous (SC) shots – use a 5/8" to 3/4" length needle

# ProMed Family Practice sets the standard for multi-site immunization collaboration

**Contributed by Jan Bierlein, R.N., Quality Improvement Manager for ProMed Healthcare, and Laura Korten, M.P.H., MCIR Region 2 Coordinator**

For the past 18 months, the staff and providers of ProMed Family Practice have dedicated themselves and their resources to improving immunization rates and reporting in southwest Michigan. "We know that immunizations against vaccine preventable diseases are the most clinically beneficial and cost effective disease prevention tools we have. We need to use them to their maximum potential benefit. Immunizations save lives," said Ed Millermaier, M.D., clinical medical director for Borgess Health Partners.

In April 1999, the staff members at ProMed formed a cross-practice immunization team. The team's first official function was to establish a baseline for immunization levels. Michigan Department of Community Health (MDCH) staff conducted a free immunization record assessment to determine immunization levels of ProMed's 19- to 35-month-old patients so the practice would know its starting point.

The immunization record assessment was followed by many activities including:

- the installation of a Sensaphone, along with instruction in its use, to ensure effective vaccine storage
- development and distribution of a vaccine policy and procedure protocol
- registration and training in the Michigan Childhood Immunization Registry (MCIR)
- registration in the Vaccines for Children (VFC) program
- creation of several reference binders that contain immunization resource materials
- development of a cohesive information system, utilizing MCIR and other data, for tracking immunization progress

The hard work and dedication has paid off. In one and one-half years, ProMed Family Practice, with four sites and over 40,000 patients of all ages, has gone from no entries in MCIR to 95 percent of their 19- to 35-month-old population entered. ProMed became the first practice in Kalamazoo County to discontinue use of paper forms for reporting. All vaccination information is now entered directly into MCIR. They were also one of the first practices in Michigan to send out MCIR recall postcards to the parents of children who are overdue for their immunizations.

Staff members at ProMed are thrilled about their use of MCIR; so much, in fact, that they have regular contests among all of their sites. Jan Bierlein, manager for quality improvement at ProMed Healthcare said, "There are all sorts of prizes for offices that have the highest overall immunization rate as well as for the offices that have the greatest increase in their immunization rates." Prizes range from candy for the office to a lunch for office staff. The next contest will feature a traveling trophy with bragging rights.

*Staff members at ProMed are thrilled about their use of MCIR.*

"It's amazing to think of the transformation that has taken place in such a short time," Bierlein said. "We've gone from a paper system to a computerized registry that allows us to quickly look up the immunization status of our pediatric population at any time. The degree of collaboration between practitioners, staff, local organizations, state departments, and national organizations on behalf of Michigan children is exciting."

Region 2 MCIR Coordinator Laura Korten said, "ProMed is a prime example of how a multi-site practice can unite and organize around every aspect of immunizations – from assessments to MCIR to VFC to vaccine storage and handling – they've got it together."

If you are interested in receiving an immunization record assessment for your practice so you can start tracking your own progress, contact Stephanie Sanchez, MDCH Assessment Coordinator, at 517-335-9011.

# Fruitport Family Medicine honored with MCIR award

**Contributed by Nancy Deising, MCIR Region 2 Lead Coordinator**

The Region 2 Michigan Childhood Immunization Registry (MCIR) staff had the tough job of choosing only one 2001 Private Provider Site of Excellence from over 450 sites. Fruitport Family Medicine in Fruitport has been chosen by MCIR Region 2 as the 2001 Site of Excellence.

Fruitport Family Medicine met all the criteria for the year-long honor. The office is registered as a MCIR user, participates in the Vaccines For Children (VFC) program, uses MCIR Link software, utilizes MCIR reports, queries MCIR regularly, identifies and enters all immunization records of eligible patients (born 1994 to present) into MCIR; and assesses immunization records at every office visit.

Fruitport goes beyond the award's criteria to ensure that children in their community are protected from disease. The office sends out MCIR recall postcards to parents of children who are overdue for immunizations – they even send postcards to parents of children who are no longer seen at their practice!

MCIR reports have enhanced their practice. When Fruitport began using MCIR in August of 1999, 43 percent of their 19-35 month-old patients were up-to-date on immunizations. In January 1999, they were at 68 percent. As of December 2000, 86 percent of these children were up-to-date in the MCIR registry. MCIR has made staff aware of the importance of checking every child's immunization status on a regular basis. Having up-to-date immunization records at this practice has helped parents who are enrolling their children in day care or school, since they are able to obtain their children's immunization records easily.

Fruitport Family Medicine has demonstrated full utilization and integration of MCIR into their daily practice. We are pleased to award their staff the title *MCIR Site of Excellence.*

For more information about the registry, contact the MCIR regional office your area. (The *MCIR Regional Contact List* is included on page 21.)

*Staff members at Fruitport Family Medicine are working hard to ensure that the children who come to their practice are protected from disease.*

## MCIR saves time when assessing immunizations

Given the number of diseases we can now protect children against with vaccines, assessing which vaccines can be given at a particular visit can be time consuming. The Michigan Childhood Immunization Registry (MCIR) makes it foolproof. Each patient's immunization history together with recommended vaccines that are due or overdue can be printed the day before a visit to speed the process during the patient's visit.

For more information about the registry, contact the MCIR regional office your area. (The *MCIR Regional Contact List* is included on page 21.)

## Tired of looking at the same old websites?

For up-to-date information on MCIR and immunization issues, take a look at www.mcir.org.

# Over 2 million children registered in MCIR

Assuring that all of our children are protected from vaccine-preventable diseases is not easy:

- Over 350 children are born each day in Michigan, each needing 18-22 shots by age 6 to protect them from debilitating, life-threatening diseases.
- An increasingly complex childhood immunization schedule makes it difficult for health professionals to keep up, even with the help of books, charts and training.
- Families are more mobile than ever before. They relocate, change employers, change insurers and change doctors with increasing frequency.
- Research shows that many parents whose children are not up-to-date with their immunizations mistakenly believe that they are. Many doctors also over-estimate the immunization coverage level of their patients.

The Michigan Childhood Immunization Registry (MCIR) now assists with these challenges. MCIR now has over two million children registered, and over 18 million shot records. More than 2,400 health care professionals have registered to use the registry, and 500 provider sites log on to the system each day. MCIR can be used to send recall notices to parents of children who are overdue for immunizations, and has become an effective tool for health care professionals to stay abreast of the complex and frequently changing immunization schedule in addition to assessing patients' immunization status and measuring a practice's overall immunization rates.

If you have not registered for a MCIR ID and password or need retraining on MCIR, contact the MCIR regional office in your area. (The *MCIR Regional Contact List* is included on page 21.)

# Manage information efficiently to reduce time and improve accuracy in MCIR reporting

**Article co-written by Maury Johnston, Medical Manager/WebMD and Nancy Deising, MCIR Region 2 Lead Coordinator. The *Michigan Immunization Update* editorial staff wrote introductory paragraph.**

Managing information in this day and age can be overwhelming. There are a number of ways to simplify the sometimes-daunting tasks related to managing information in a health care practice. This article addresses the use of a specific software program used to accomplish that end. If your practice has found other successful methods to manage information (e.g., track immunizations, bill insurance companies, schedule appointments, run MCIR reports, etc.), the *Michigan Immunization Update* staff would like to hear from you. It is part of our mission to seek out successful immunization practices and share them with health care providers throughout the state. You may contact Rosemary Franklin at FranklinR@state.mi.us or by calling 517-335-9485.

### The Medical Manager® Software Solution

Michigan Medical, P.C. (MMPC) in Grand Rapids is using The Medical Manager® Software Solution to transmit MCIR reporting information electronically as well as to accomplish appointment scheduling and insurance billing.

"We invested in this product mainly for the automation. It provides a seamless way to transfer data from our internal system to MCIR – it eliminates the double-data entry and let's us enjoy the benefits and features of the MCIR," said an MMPC staff member.

The basic concept is simple. Since patient records were already being entered into their computer system to generate insurance billings and patient statements, it made sense to capitalize on the information that had been collected to assist in the creation of MCIR reports. The Medical Manager® software includes supplemental data fields to collect the MCIR ID number, WIC ID number, manufacturer codes, county codes and vaccine codes, to name just a few examples.

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**MDCH: DCH-0591 (8/96)**
**Auth: P.H.S. , Act 42, Sect 317, as amended, 1978**

# Managing information efficiently with MCIR

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As patients are registered in The Medical Manager® and charges are routinely posted for services rendered, any procedures flagged as vaccinations or immunizations are automatically marked for inclusion on the next MCIR report. This report is quickly and easily generated; first in a trial mode to allow the system operator to see if there are any missing pieces of required information prior to sending the report, and then in a final mode which actually creates an electronic file that can be transmitted directly to MCIR over a modem.

In addition to the creation of reports for MCIR, the use of this system also facilitates the tracking of immunizations for easy lookup in the office. If a previous provider also administered vaccines to a patient, this information can be updated in the system to allow the office to track a child's complete history. This internal reporting tool can also be helpful in completing school immunization records in just a few seconds.

To find out more about The Medical Manager® practice management and healthcare information system and Medical Manager/WebMD, visit www.medicalmanager.com, or call 1-800-926-3932.

# VFC and MI-VFC programs can save you money

The Vaccines for Children (VFC) and Michigan Vaccines for Children (MI-VFC) programs provide free vaccines for Medicaid-eligible children, children whose families have no health insurance and children with insurance that does not cover the cost of the vaccines. Last year, the number of VFC and MI-VFC provider sites in Michigan grew to more than 1,625. This number of sites translates into thousands of providers administering more than 2.3 million doses of vaccines to children across the state. A key factor in the increase in the number of VFC and MI-VFC provider sites is the partnership between the Medicaid managed care organizations in the state and the VFC and MI-VFC programs.

Health care providers work to assure that the children they serve are fully immunized while keeping the costs of meeting that obligation as low as possible. At current market prices, the cost to fully immunize a 2-year-old child is somewhere in the range of $530. Many health systems and managed care organizations reimburse health care providers based on a flat rate per child. For young children, this type of capitated rate covers well-child visits and other preventative services such as immunizations. For children who qualify for VFC and MI-VFC, using the vaccine that is available for free through these federally-sponsored programs is a primary means to reduce provider costs. Other health care organizations reimburse on a fee-for-service basis but will not reimburse a provider for the cost of vaccines if a child is eligible for the VFC and MI-VFC programs. An essential component of providing the full array of services needed by young children at a reasonable cost is using the free vaccine available through the VFC and MI-VFC programs.

In the past, providers often referred eligible clients to the local health department if a child's insurance did not cover the cost of immunizations or the physician preferred not to administer vaccines. These referrals put the burden of transportation and the additional time associated with seeking out immunizations elsewhere on children's families, too often resulting in missed opportunities. Even the most well-intentioned parents might be unable to get their children to the clinic on schedule. Although local health departments do still provide immunizations to eligible children, public health is increasingly focused on assuring that private health care providers have access to the tools they need to immunize the children in their own practices. This approach is further promoted in the *Standards for Pediatric Immunization Practices* endorsed by the American Academy of Pediatrics (AAP) and the Advisory Committee on Immunization Practices (ACIP). They state that physicians should assure that all children in their care are fully immunized in a timely manner according to ACIP recommendations.

The health of the next generation is in your hands. If your office is not enrolled as a provider site with the VFC and MI-VFC programs, please contact your local health department for further information on how these programs can benefit the children you serve and lower the cost of providing the preventative care your young patients require.

# TriHIBit (DTaP-Hib) is only a 4th dose option

TriHIBit is a combination of DTaP and Hib licensed only for the fourth dose of the DTaP-Hib series. Available data suggest that when a DTaP-Hib combination vaccine is given as one of the primary series of doses, the immune response to the Hib component is reduced. However, some providers in Michigan are administering TriHIBit for doses other than the fourth dose of the series and, most commonly, for the third dose in the Hib series following two doses of Pedvax, the three-dose primary series vaccine by Merck. Although there is some controversy about this issue, FDA licensure and current ACIP recommendations specify that this vaccine should not be used for any of the first three doses of the Hib series or the fifth dose of the series that is typically administered at 4 to 6 years of age. In the event that these recommendations change in the future, MDCH's Immunization Program will share that information with health care professionals across the state at the earliest possible time.

Infants who receive TriHIBit for any of the first three doses of the Hib series may not be adequately protected against invasive Hib disease. If infants are given TriHIBit as a primary series, the Hib doses are not valid, and the infant needs to be re-vaccinated with single-antigen Hib vaccine according to the schedule appropriate for the child's age. The DTaP component of the dose does not need to be repeated. See the table on page 20 for recommendations for re-immunizing children who received TriHIBit during the primary series.

Please direct any questions to the immunization program at your local health department or the Division of Communicable Disease and Immunization at the Michigan Department of Community Health at 517-335-8159.

## Is your vaccine supply still potent?

Tie a string around your finger, or whatever else works for you, to remind yourself to check the temperature of the refrigerator in which your vaccines are stored as soon as possible. Why not do it right now? Be sure that your refrigerator temperature logs and the current thermometer reading are within the 36º – 46º F (2º - 8º C) range for refrigerated vaccines and less than 5º F (-15º C) in the freezer for varicella vaccine.

According to the American Academy of Pediatrics *Red Book 2000*, "Inattention to vaccine storage conditions can contribute to vaccine failure .... Some products may show physical evidence of altered integrity, while others may retain their normal appearance despite a loss of potency." Regular temperature charting is essential to insure that your vaccines are being stored properly. Please check the temperatures at least twice daily. Often there is substantial variation between the temperature recorded in the morning after the refrigerator has been closed all night and the temperature in the evening after the door has been opened and closed many times during the day. Even one hour at a temperature below the acceptable range can destroy the effectiveness of most vaccines.

If the current temperatures (or those previously recorded) are outside of the recommended ranges, contact your local health department immediately for assistance. They will work with you to assess the situation and plan corrective action if necessary. Remember that vaccines stored outside of the recommended ranges may no longer be effective. Check your temperatures twice a day. Protect your vaccines and the children that you serve.

## When should Prevnar be given?

**Q** **Should babies be given Prevnar even if they're not in daycare?**

**A** Yes. Prevnar (pneumococcal conjugate vaccine) is now part of the routine childhood immunization schedule. Pneumococcus is the most common cause of invasive bacterial infections, including meningitis, in children. Infants and younger children are at the highest risk for acquiring serious pneumococcal disease and complications. It is important to start pneumococcal vaccinations on schedule at 2, 4, 6 and 12-15 months of age to protect infants when they are most vulnerable.

# New educational programs for providers launched

Two new immunization education programs are currently available free for provider staff. Each presentation lasts about 45 minutes and is taught by a registered nurse experienced in immunization practice. These programs are offered at times that meet your clinic needs.

*Vaccine Administration* was developed to update clinical staff on current principles and techniques. Contents of the program include:

- injection terms
- preparation of injectable vaccines
- injection process (site locations, appropriate angles, needle gauge, needle length)
- safety measures for the client and staff
- restraint and distraction techniques
- comfort measures
- watching for reactions
- documentation requirements

The second program, *Vaccine Storage and Handling,* was developed to address the principles of proper vaccine storage and handling. This program discusses:

- procedures used to properly store vaccine
- myths about storage and handling principles
- types of monitoring equipment
- case scenarios of actual vaccine losses
- strategies to prevent vaccine loss

This program concludes with an exercise to determine how much vaccine would be at risk and what the cost of the vaccine would be if a power failure or inadequate temperatures were to occur in the practice in which the in-service is being given.

Contact hours are available for these two programs. To schedule an in-service, please call Sharon Karber at 517-335-8910.

## Q & A

**Q What can health care professionals do to guide parents in helping their toddlers cope with the pain and anxiety of injections?**

**A** Parents know their children best. Suggest that the parent have the child blow out slowly (parent can bring bubbles or a feather), count, sing, or rhyme as the injection is given. It is also a good idea to ask parents what techniques they use when they want to distract their children from something that feels unpleasant. The distraction of blowing on a feather has been shown in one study to lessen the amount of pain perceived by the child.

**Q Should all college students receive meningococccal vaccine?**

**A** No. Studies have found that the risk of disease is not the same for all college students. College freshmen living in dormitories have five times greater risk of infection than other 18-23 year-olds. The Advisory Committee on Immunization Practices (ACIP) has developed recommendations that address educating students and their parents about the risk for meningococcal disease and about the vaccine so they can make informed decisions regarding vaccination. (MMWR June 30, 2000/49(RR07): 1-10)

**Q Can everyone be given an IM injection with a 1-inch needle?**

**A** No. Each vaccine needs to be placed in the correct tissue. The needles used for IM injections should be long enough to reach deep into the muscle. This will always require some clinical judgment. The required needle length may vary from 1 to 1 ½ inches, depending on the age of the patient and the amount of fat tissue. The Alliance for Immunization in Michigan (AIM) Provider Tool Kit includes vaccine administration charts, including needle length, in the Pediatric and Adult sections. If your office does not have the 2001 version of the AIM Provider Tool Kit, you may order your free kit by using the Michigan Resource Center (MRC) order form provided in the back of this newsletter on pages 26-27.

# New legislation on occupational exposure to bloodborne pathogens goes into effect

Blood and other potentially infectious materials have long been recognized as potential threats to the health of employees exposed to these materials by needle sticks that penetrate the skin and other percutaneous injuries. Injuries from contaminated needles and other sharp instruments have been associated with increased risks for more than 20 infectious diseases, with HIV (human immunodeficiency virus), hepatitis B virus (HBV) and hepatitis C virus (HCV) being of most concern in current occupational settings.

On November 6, 2000, the Needlestick Safety and Prevention Act, Public Law 106-430, was signed into law. This directed the federal Occupational Safety and Health Administration (OSHA) to amend the Bloodborne Pathogens Standard. The amended Bloodborne Pathogen Standard was finalized January 18, 2001. The State of Michigan (MIOSHA) will be adopting the federal amendment by reference.

The revisions proposed in the new law can be categorized into four areas:

- expanded definitions that reflect the intent of Congress to require employers to consider and, where appropriate, use safer medical devices,
- new requirements for the annual review and update by employers of their Exposure Control Plan,
- an expanded requirement to solicit and document employee input regarding the identification,
- evaluation and selection of safer medical devices and controls, and
- a new requirement that employers establish and maintain a sharps injury log.

The Michigan Bloodborne Infectious Diseases rules as amended were published in the Michigan Register on April 15, 2001. The effective date for the Standard is October 18, 2001. To receive a copy of the amended Bloodborne Infectious Diseases Standard, send your request including a mailing label to the MIOSHA Standards Division, Michigan Department of Consumer and Industry Services, P. O. Box 30643, Lansing, Michigan 48909-8143. When revised, the Standard will also be available on the MIOSHA website at: www.cis.state.mi.us/bsr/divisions/std/std_genh.htm

## Which vaccine lot number should be recorded?

In the event of a vaccine recall, it is important to know which patients received the vaccine that is in question. To track these patients, it is important to be able to locate the lot number associated with the vaccine in the medical record of the patient and any registry where immunization information is entered. For most vaccines, this lot number can be easily identified on the vial of vaccine. One vaccine, Aventis Pasteur's DTaP-Hib combination vaccine known as TriHIBit, has different lot numbers on each of the components of the vaccine. The box containing the components of each of these vaccines has another number known as the pic number. Like the lot numbers, this pic number is a unique identifier that can be used to track recalled vaccine. The pic number can be used in record keeping systems to avoid confusion with the individual vaccines that are administered separately.

If the packaging for the vaccine is discarded before the vaccine is administered and the pic number is no longer available, the lot numbers on each of the vials should be recorded. In this case, however, most systems would record this single immunization using a combination vaccine as two separate immunizations. Given that the DTaP-Hib combination vaccine costs more than the combined cost of the individual components, it may be very important from a billing perspective to clearly identify which vaccines you are administering.

## Vaccine concerns?

Which vaccine concerns or objections raised by parents or adult patients are the most challenging for you to respond to? Please send these questions to Darcy Wildt by faxing 517-335-9855 or sending by e-mail to WildtD@state.mi.us. We will respond to the most frequent concerns in future newsletters and at our conferences.

# Reminder to physicians:

## Don't refer MIChild members to local health departments for immunizations

**Reprinted from *The Record*, June 2001, with permission of Blue Cross Blue Shield of Michigan**

MIChild members have full coverage under their Blue Cross Blue Shield of Michigan (BCBSM) PPO health plan for all immunizations recommended by the American Academy of Pediatrics. Immunizations are covered from birth to age 19 with no co-payments.

Since BCBSM MIChild members receive full coverage for immunizations, they are not eligible to receive free immunizations from the county health departments. Offices that participate in the Michigan vaccine replacement program cannot provide free immunizations to MIChild members. PPO physicians should not refer MIChild members to the county health departments for any immunizations.

PPO physicians should administer necessary immunizations in their offices and submit the claims to BCBSM. If your office does not maintain a supply of vaccines, please refer MIChild members to another PPO physician in the community who does provide immunizations. MIChild members can be identified by the group number 31295.

### What is MIChild?

MIChild is a health insurance program. It is for uninsured children of Michigan's working families. MIChild services are provided by many HMOs and other health care plans throughout Michigan. For more information about MIChild, the toll-free number is 1-888-988-6300.

# The *Michigan Immunization Update*

The *Michigan Immunization Update* can now be sent to your desk via e-mail as an Adobe Acrobat pdf file. If you do not already have Adobe Acrobat Reader, this free software program is available on the Internet at www.adobe.com/products/acrobat/readstep2.html.

### How to subscribe

If you would like to receive this newsletter via e-mail, send an e-mail message to mhowell@msms.org. Enter the word SUBSCRIBE in the SUBJECT field. Do not enter any message content. You will be added to the list.

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Please note that we never disclose your e-mail address to another party and use it only for our informational mailings.

### Have you moved?

To change your address, fax us both your old and new address, indicating which one is the new address.

### Receiving duplicate copies of the newsletter?

Make copies of all the address labels and fax them to us, indicating which label is the correct one.

### Want to be added to our mailing list to receive future issues of the newsletter?

Fax us your complete name and home address and we'll add you to our mailing list to receive a copy of the newsletter through regular mail.

All address changes, corrections, and additions should be faxed to Darcy Wildt at fax # 517-335-9855.

For questions concerning address changes, corrections, and additions call Darcy Wildt at 517-335-9486 or e-mail WildtD@state.mi.us.

You may direct any other questions regarding the *Michigan Immunization Update* to Rosemary Franklin by calling 517-335-9485 or e-mail FranklinR@state.mi.us.

# Reports of meningitis increased in 2000

The number of cases of *Neisseria meningitidis* reported in Michigan during 2000 increased significantly over previous years, particularly in children ages 6 through 13 years of age. In addition, with the introduction of a new pneumococcal conjugate vaccine there is increased attention on the epidemiology of *Streptococcus pneumoniae* systemic infections. As reported cases of bacterial meningitis have been reviewed epidemiologically and microbiologically, a few facts have surfaced.

1. Many cases of bacterial meningitis are reported for which no etiologic agent is shown on the public health report. It is recognized that often the patient may have been started on antibiotics before any specimens were taken, and this may result in no agent being identified. However, when a bacterium has been identified, it is important that this information be transmitted to public health, even if this information is sent after the initial report. Local health departments can then update their case reports.

2. Serotyping and genetic analysis of isolates is frequently not performed, although this service is available at no charge, and indeed, encouraged through the Michigan Department of Community Health (MDCH) laboratories. (See end of article for contact information.) Without this information the epidemiologic analysis of cases is seriously hindered.

3. Information on known or suspected risk factors for meningococcal or pneumococcal disease is usually missing from reports. This makes it difficult to generate hypotheses and to direct further investigation into factors which may be linked to the increase in cases. MDCH epidemiologists frequently do not know if the information was truly not available or if it was simply not included in the local health department report.

4. MDCH and Michigan local health departments encourage providers to report cases of meningococcal meningitis, bacteremia, or other invasive meningococcal infections (i.e., *N. meningitidis* recovered from a normally sterile site) to local health departments (in accordance with the Michigan Communicable Disease Rules and Regulations) and to provide sufficient information for public health follow-up and management, and to order timely serotyping and molecular epidemiologic studies on isolates, either through commercial laboratories or the state public health laboratory.

The Michigan Department of Community Health is addressing these issues and is requesting assistance from both local public health and the health care community at large in developing a clearer epidemiological picture of bacterial meningitis in Michigan. Case report forms are being revised to include additional questions about certain risk factors.

Once again, please make sure that complete information, especially the name of the etiologic agent, is included in all reports of cases of bacterial meningitis. We look to our infectious disease physician, infection control, laboratory director, and local health department colleagues to ensure that reporting of bacterial meningitis is done correctly. Prompt reporting is important if we hope to have any impact upon incidence.

If you have any questions regarding the reporting of bacterial or viral meningitis, or for laboratory testing of *N. meningitidis*, please contact the communicable disease program at your local health department.

## Could you use an update on the hepatitis viruses?

The Michigan Department of Community Health (MDCH) would like to ensure that health care providers have up-to-date information on the hepatitis viruses. The more health care providers know about hepatitis, the more they can help others understand how to protect themselves from becoming infected with these viruses. MDCH offers a free 1.5 hour Hepatitis A-E in-service that provides a basic overview of the hepatitis viruses including signs and symptoms, recommended immunization schedules, vaccine availability, modes of transmission and treatment options. The presentation has been approved for 1.5 contact hours for all nurses that complete this in-service. For additional information or to schedule a presentation, please call Pat Fineis at 517-335-9443 or at 800-964-4487.

# Did you know that providers are legally required to report notifiable diseases?

Physicians and other health care providers are reminded to report occurrences of notifiable diseases to their local health department. Each of the diseases preventable by routine childhood immunization is a reportable disease in Michigan. Notifiable (or reportable) diseases are those that have particular public health significance and have been designated by the Michigan Department of Community Health as required by state law. For a complete list of the reportable diseases, report content and procedures, contact your local health department.

Remember: Many communicable diseases have an impact beyond the individual patient. Cooperation and communication between providers and public health is the key to healthier communities.

The Michigan Department of Community Health has recently revised its communicable disease rules guide. The *Health Care Professional's Guide to the Michigan Communicable Disease Rules,* revised in 2001, is available now. The booklet concisely explains disease reporting requirements and procedures as well as other aspects of the state communicable disease rules. To obtain a copy of this guide, you may contact your local health department or call the Michigan Department of Community Health Communicable Disease Epidemiology Division at 517-335-8165.

A one-page flyer called *Physician - Disease Reporting* is also available. This lavender-colored flyer lists the notifiable diseases and may be posted in your office. The flyer is included in the last section of the 2001 Alliance for Immunization in Michigan (AIM) Kit. To order an AIM Provider Tool Kit, fill out the order form on pages 26-27 and fax your order to 517-318-0538.

## The following free programs are available upon request

Immunization assessment of your practice (AFIX) – contact Stephanie Sanchez at 517-335-9011

Physician Peer Education – contact Rosene Cobbs at 517-353-2596

Immunization Update for Office Staff – contact Darcy Wildt at 517-335-9486

Hepatitis A-E – contact Pat Fineis at 800-964-4487 or 517-335-9443

## Number of reported cases of vaccine-preventable diseases, Michigan 2001

(Year-to-date as of 6/22/2001)

| Disease | Total cases Year to date | Cases < 5 yrs old Year to date |
|---|---|---|
| Congenital rubella syndrome (CRS) | 0 | 0 |
| Diphtheria | 0 | 0 |
| *H. influenzae* invasive disease | 6 | 0 |
| Hepatitis B | 239 | 1 |
| Measles | 0 | 0 |
| Mumps | 2 | 0 |
| Pertussis | 24 | 21 |
| Poliomyelitis | 0 | 0 |
| Rubella | 0 | 0 |
| Tetanus | 0 | 0 |

# Lyme disease surveillance project results reported

For the third year in a row, the physician-based active surveillance project for Lyme disease continued its focus on four counties in southwestern Michigan: Allegan, Berrien, Cass, and Van Buren counties. Surveillance of this geographic area was initiated due to a population of *Ixodes scapularis* that was found in northeastern Indiana, bordering Michigan. Case criteria were based on the national case definition criteria determined by the Centers for Disease Control and Prevention. A total of 78 physicians were enrolled in the 2000 project. Each physician's or practice's contact was called every two weeks and was asked if any possible acute Lyme disease cases had been seen.

Five potential case reports were received at MDCH from the active surveillance network area: one from Berrien County, two from Cass County, another from Van Buren and the last from Allegan County. Only one of the five met the national case definition.

This was a case of an 80-year-old woman whose exposure was classified as having occurred in Van Buren County because she did not report any travel. She presented with an erythema migrans.

In addition, 22 case reports from passive surveillance met the national case definition criteria for Lyme disease. Thus, there was a total of 23 Lyme disease cases reported with onset in 2000 that met the national case definition. Out of the 23 cases that met the national case definition, 13 were considered out-of-state exposures, and 10 were considered exposures within Michigan. Determination of exposure location is based on the patient's recollection of travel. If no travel was recalled, the patient's county of residence is assigned by default.

If you have any questions, please call the MDCH Division of Communicable Disease and Immunization at 517-335-8165.

## Questions?

Do you have questions about VIS, MCIR, or the VFC and MI-VFC programs? The first place to go for answers is the immunization clinic at your local health department. If you need additional help, call the Division of Communicable Disease and Immunization, Michigan Department of Community Health, at 517-335-8159.

## Free immunization materials available

Free immunization materials are available from CDC, and the quickest and easiest way to get them is through CDC's website at:

www.cdc.gov/nip/publications

All online orders are processed within 48 hours, so ordering through the web is definitely the quickest way to go. Be sure to check out this website.

## Vaccine Education Center launches new website

The Vaccine Education Center has launched its new website at http://vaccine.chop.edu to provide parents and health professionals with current and accurate information. The director of the center is Paul A. Offit, M.D., Chief of Infectious Diseases at Children's Hospital of Philadelphia, a recognized expert on immunization and author of the book, "Vaccines: What Every Parent Should Know."

The site explores common concerns about vaccines and issues in the news; discusses how vaccines are made and how they work; and looks at 15 different vaccines and the diseases they prevent.

**CDC Hotline: Call 1-800-232-2522**

## CDC experts are available

Experts at the CDC National Immunization Program are available to answer tough immunization questions. Health care providers can e-mail nipinfo@cdc.gov and submit written questions regarding any immunization and vaccine issues. Questions on topics from immunization schedules to vaccine safety will be answered by CDC staff. CDC experts can also be reached by calling 1-800-232-2522. This toll-free number is staffed Monday through Friday from 8:00 am to 11:00 pm, EST.

# Shortage of Tetanus and Diphtheria Vaccines Leads to Delays in Booster Doses for Adolescents and Adults

May 31, 2001

With the abrupt withdrawal of one pharmaceutical company from the market, Aventis Pasteur is currently the sole manufacturer of tetanus and diphtheria (Td) and tetanus toxoid (TT) vaccines in the United States. The country is now experiencing a severe shortage of Td vaccine that is expected to last for the remainder of this year. Eleven months are required to produce Td vaccine and Aventis Pasteur does not project having sufficient vaccine to meet demand until at least early 2002.

To assure the availability of these vaccines for those individuals at most risk for these diseases, the Michigan Department of Community Health (MDCH) and the U.S. Centers for Disease Control and Prevention (CDC) are recommending that all routine Td boosters for adolescents and adults be delayed until 2002. The CDC recommends that health care providers record the names of patients whose booster dose is delayed during the shortage. When the Td supply is again adequate, these patients should be notified to return to their health care provider for vaccination. (CDC Notice to Readers: Deferral of Routine Booster Doses of Tetanus and Diphtheria Toxoids for Adolescents and Adults, *MMWR, May 25, 2001, 50 (20); 418*).

Current supplies of vaccines containing tetanus, diphtheria and acellular pertussis components (DTaP) are adequate to assure that all children should continue to receive all recommended doses of DTaP routinely administered before the age of seven. Booster doses of Td that are routinely administered to children older than seven years of age and adults should be delayed. Physicians and schools should inform parents that school requirements for the booster dose provided for adolescents will be suspended for the 2001-2002 school year.

Individuals who should be immunized with the vaccine from the limited available supply are as follows:

1. Persons who have not received a Td immunization in the last ten years and who are traveling to a country where the risk for diphtheria is high*;
2. Persons, who have not received a Td in the last five years, for prophylaxis in severe wound management and persons, who have not received a Td in the last ten years, for prophylaxis in the case of clean and minor wounds;
3. Persons who have received less than 3 doses of any vaccine containing tetanus and diphtheria; and
4. Pregnant women who have not been vaccinated with Td within the preceding 10 years.

Immunization of the above priority groups should follow all current recommendations of the national Advisory Committee on Immunization Practices (ACIP) pertaining to Td vaccines.

Health care professionals using Td for wound management should follow the standard recommendations for wound management. All wound patients should receive Td if they have received less than three tetanus-containing vaccines or have an uncertain vaccination history. Physicians are encouraged to use the Michigan Childhood Immunization Registry (MCIR) to check for the prior immunizations of children and adolescents. Patients should also receive tetanus immune globulin for wounds that are contaminated with dirt, feces, soil or saliva, puncture wounds, avulsions and wounds resulting from missiles, crushing, burns or frostbite. For persons with three or more doses of tetanus-containing vaccine and severe or contaminated wounds, Td should be given only if more than five years have passed since the last dose of the vaccine. For clean and minor wounds, Td should be given only if the patient has not received a tetanus-containing vaccine within the past 10 years. Health care providers should ask patients presenting for wound management detailed questions about the timing of their last tetanus-containing vaccine to avoid unnecessary vaccination. Although tetanus toxoid (TT) may be considered a substitute for Td in wound management when Td is unavailable, TT is generally not available for national distribution at this time. Existing stocks of TT are extremely limited and are mainly reserved for production of tetanus immune globulin and other special circumstances.

Health care providers and institutions requiring tetanus and diphtheria-containing vaccines for the priority groups described above can order limited quantities of the product directly from Aventis Pasteur by telephone (1-800-822-2463). Institutions should place orders for their anticipated needs for priority use. Aventis Pasteur is limiting the amount of vaccine in each order to assure the widest possible distribution of available vaccine. For emergency situations (e.g., natural disasters) requiring increased use of Td, Aventis Pasteur can provide vaccine within 24 hours.

The Michigan Department of Community Health is distributing limited numbers of doses to local health departments for use according to the above described priorities. These doses are to be administered at local health departments and hospital emergency rooms. For further information on the availability of tetanus and diphtheria-containing vaccines in your area, contact your local health department directly or the Michigan Department of Community Health at 517-335-8159.

*Travelers to certain countries may be at substantial risk for exposure to diphtheria, especially with prolonged travel, extensive contact with children, or exposure to poor hygiene. Based on surveillance data and consultation with the World Health Organization (WHO), countries with highest risk for this disease at this time are: *Africa* – Algeria, Egypt, and sub-Saharan Africa; *Americas* – Brazil, Dominican Republic, Ecuador, and Haiti; *Asia/Oceania* – Afghanistan, Bangladesh, Cambodia, China, India, Indonesia, Iran, Iraq, Laos, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Syria, Thailand, Turkey, Vietnam, and Yemen; *Europe* – Albania and all countries of the former Soviet Union.

# Influenza Vaccine Bulletin
## June 21, 2001

The National Immunization Program (NIP) of the Centers for Disease Control and Prevention (CDC) is publishing and distributing a periodic bulletin to update partners about recent developments related to the production, distribution and administration of influenza vaccine for the 2001-2002 influenza season. All recipients of this bulletin are encouraged to distribute each issue widely to colleagues, members and constituents.

### $ Influenza Vaccine Supply/Production

*Preliminary information from manufacturers suggests that more influenza vaccine will be available this year than last year, but delays in the distribution of influenza vaccine will occur.*

Projected distribution of influenza vaccine for 2001, based on aggregate manufacturers= estimates as of June 15, is 83.7 million doses, which would exceed actual distribution in 1999 and 2000. In addition, 53.5 million doses (64 percent) is projected to be available by the end of October 2001, which is twice the amount, 26.6 million doses, available at the same time last year. However, in comparison to 1999, when there was no delay, 75.8 million or 99 percent of the total vaccine for the 1999 season was available by the end of October. In November and December of 2001, another 30.2 million doses (36 percent) of the total 83.7 million are projected to be available. CDC and FDA stress that these are early projections from manufacturers and could change as the season progresses.

### $ Influenza Vaccine Distribution

*On the basis of these projections, the Advisory Committee on Immunization Practices (ACIP) has agreed on supplemental recommendations to promote the administration of influenza vaccine that is available early to persons at greatest risk of complications from influenza disease.*

The ACIP makes the following recommendations to supplement those published earlier:

1. For providers of influenza vaccine

$ Providers should actively target vaccine available in September and October to persons at increased risk of influenza complications and to health care workers.
$ Providers should continue vaccinating patients, especially those at high risk and in other target groups, through December and later, as long as vaccine is available.

2. For the public

$ Persons at high risk for complications from influenza disease should seek vaccination in September and October, or as soon as vaccine is available from their provider.
$ Persons who are not at high risk are encouraged to seek influenza vaccine in November and later when additional supply will become available.

3. For mass immunizers

$ Organizers of mass immunization campaigns not in workplaces should plan campaigns in late-October or November when vaccine supply is assured and make special efforts to vaccinate the elderly and those at high risk of influenza complications

4. For manufacturers, distributors, and vendors

$ Distribution of vaccine to worksites should be delayed until November.
$ Vaccine that is available early in the season should be apportioned so that some vaccine is distributed to all other providers who have placed orders.
$ Manufacturers, distributors, and vendors should inform providers of the amount of vaccine they will receive and date of shipment.

5. For health departments and other organizations providing vaccine

$ Groups that provide influenza vaccine services should develop contingency plans responding to a delay in vaccine distribution.

## $ Influenza Vaccine Communications

*CDC has launched its 2001-02 influenza season website at* www.cdc.gov/nip/flu.

Materials related to this year=s influenza season such as current ACIP influenza recommendations, CDC=s ABest Practices@ guidelines for mass clinics, and Questions and Answers can be found at the website. In addition, the website contains materials that may help providers implement a reminder/recall system. As preparation for the 2001-02 influenza season proceeds, regular communications among CDC, FDA, the vaccine manufacturers and a wide range of partners will continue.

# Recommendations for Re-Immunizing Children who Received DTaP/Hib Combination Vaccine During the Primary Series

DTaP/Hib combination vaccines (e.g., TriHIBit) have not been licensed for infants under 12 months of age. While there is no apparent concern regarding the reactogenicity of these vaccines given as part of the primary series, data suggest a reduced immune response to the Hib component. The FDA and CDC recommend the following guidelines for re-immunizing infants who received DTaP/Hib combination vaccines prematurely.

| **If the child has gotten these doses of DTaP/Hib:** | **And:** | **Then give the child the following doses of any licensed Hib vaccine:** |
|---|---|---|
| 3 primary doses + a booster | ==> | NO more doses |
| 3 primary doses (no booster) | The child is $15 months old | 1 booster dose |
| | The child is <15 months old | A 4th dose between 8 & 15 months<br>**AND**<br>A booster at the appropriate age<br>(but at least 2 months after the 4th dose) |
| 2 primary doses | ==> | The 3rd primary dose at next scheduled immunization visit<br>**AND**<br>A booster at the appropriate age |
| 1 primary dose | ==> | 2 primary doses at the appropriate ages<br>**AND**<br>A booster at the appropriate age |

All Hib vaccines licensed for the primary series are interchangeable.

# MCIR Regional Contact List

**Region 1:** City of Detroit; Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties

Contact: Julie Gleason-Comstock
Phone: 313-873-0840

**Region 2:** For Allegan, Ionia, Kent, Muskegon, and Ottawa Counties
Contact: Nancy Deising
Phone: 616-336-3971

For Branch, Calhoun, Hillsdale, Jackson, and Lenawee Counties
Contact: Laura Rappleye
Phone: 517-796-4402

For Berrien, Cass, Kalamazoo, St. Joseph, and Van Buren Counties
Contact: Laura Rappleye
Phone: 517-796-4402

**Region 3:** Barry, Clinton, Eaton, Gratiot, Ingham, and Montcalm Counties

Contact: Irene O'Boyle
Phone: 517-831-5237 ext.309

**Region 4:** Bay, Genesee, Huron, Lapeer, Midland, Saginaw, Sanilac, Shiawassee, and Tuscola Counties

Contact: Wendy Nye
Phone: 810-257-3562

**Region 5:** Alcona, Alpena, Antrim, Arenac, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Gladwin, Grand Traverse, Iosco, Isabella, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montmorency, Newaygo, Oceana, Ogemaw, Oscoda, Oseola, Otsego, Presque Isle, Roscommon, and Wexford Counties

Contact: Linda VanGills
Phone: 231-873-2193

**Region 6:** All Upper Peninsula Counties (Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties)

Contact: Julie Clark
Phone: 906-786-4111

# Quiz #1: Immunization

**Will you get an A+?**

| True | False | |
|---|---|---|
| ☐ | ☐ | 1. Mild illness is a reason to withhold vaccination. |
| ☐ | ☐ | 2. If a mother is breastfeeding, she shouldn't be vaccinated. |
| ☐ | ☐ | 3. A temperature should be routinely checked before vaccinations are administered to children. |
| ☐ | ☐ | 4. A pregnancy test should be routinely done on an adolescent girl prior to her receiving an MMR or varicella vaccine. |
| ☐ | ☐ | 5. If there is an immunosuppressed child in the household, siblings should be given MMR and varicella vaccines. |
| ☐ | ☐ | 6. If the first dose of hepatitis B vaccine was given more than one year ago, you should repeat the dose. |
| ☐ | ☐ | 7. MMR and varicella vaccines can be given to a child whose mother is pregnant. |
| ☐ | ☐ | 8. When a person has an injury and needs protection against tetanus, tetanus toxoid (Tt) should be used instead of tetanus toxoid combined with diphtheria toxoid (Td). |
| ☐ | ☐ | 9. All health care workers (without contraindications) who have contact with patients should receive influenza vaccine. |

Test Answers:
1-F 2-F 3-F 4-F 5-T 6-F 7-T 8-F 9-T

**Did you get an A+?**

The following free program is available upon request:

Immunization Update of Office Staff. Interested?
Contact Darcy Wildt at 517-335-9486

# New School Immunization Requirements

- Beginning in the 2002-03 school year, proof of varicella immunization or documentation of disease for students entering kindergarten or a new school district will be required.
- Beginning in the 2002-03 school year, all sixth graders will be assessed for:
    - 2 doses of MMR,
    - 3 doses of hepatitis B vaccine,
    - 3 doses of polio vaccine,
    - 1 dose of varicella vaccine or documented immunity to the disease,
    - and a completed Td series.

Varicella vaccine has been available since 1995, so the children most likely to be unvaccinated and potentially susceptible are those born before 1994. You may want to conduct a vaccine record review to find these susceptible children and vaccinate them now.

## Varicella Reminders

**Immunization coverage with varicella vaccine in Michigan lags behind rest of country:**
Nationally, 63% of 19-35 month olds have received 1 dose of varicella vaccine (CDC National Immunization Survey through June 2000), while in Michigan only 56% of 19-35-month olds have received this vaccine.

**Group A Strep:**
Relative risk of developing invasive Group A Strep (GAS) infection is about 50 times higher after chickenpox than at any other point in a child's life (Laupland, et al.). In the last decade, there have been increasing reports of GAS infections complicating varicella. The mortality rate for invasive Group A Strep is about 15-20 percent. The Laupland study concluded that universal chickenpox vaccination could prevent up to 10% of all pediatric GAS disease.

**Avoiding a population of susceptible adults:**
Failing to vaccinate children against varicella creates the possibility of a population of adults who are susceptible. Varicella is much more likely to be a serious disease in adults with a greater risk of complications. In addition, most adults with serious varicella disease contract it from an unvaccinated child.

**Available Resources**

- A free video to help educate parents about varicella and the varicella vaccine is available from Michigan State University. For more information, call 517-353-2596
- A free vaccine record review to identify susceptibles is available from Merck. For more information, contact a Merck vaccine specialist

References:
Laupland, K.B. et al. "Invasive group A streptococcal disease in children and association with varicella-zoster virus infection" *Pediatrics*, Volume 105, Number 5, May 2000.

## How do I know if the vaccine information I find on the Internet is accurate?

First, consider the **source** of information.

- A good health Web site will display who is responsible for the site. Also, there will be a way to contact the information provider or Webmaster.
- Information should not be slanted in favor of a Web site's sponsor or source of funding. Health information should be accurate and unbiased.

Then, ask the following questions:

- Do scientific experts review the medical information before it is posted on the Web site? What are their credentials?
- Does the information display the date of last revision, and is it kept up to date?
- What is the scientific evidence for claims made? The original source of facts and figures should be shown. For example, the Web site should provide citations of medical articles or other sources of information. You should be able to distinguish facts from opinions. Also, facts are more reliable if they come from a published scientific study on humans rather than from unpublished accounts or from reports of a single person or of animal studies.

Next, consider the **purpose** of the Web site. The purpose should be to provide accurate and unbiased information about that topic. If the purpose is to advertise about a health care product, be skeptical about the information provided.

Finally, discuss with your doctor or health professional the information that you find on the Web. Health information found on the Web should supplement rather than replace the information or advice given by your doctor.

The Federal Trade Commission, an agency of the U.S. federal government, encourages consumers to carefully consider information they find on the Web. The agency has compiled the following list of typical phrases used by some Web sites to deceive consumers:

- The product is a quick cure-all for a wide range of medical problems.
- The product is described as a "scientific breakthrough," "miraculous cure," "exclusive product," "secret ingredient," or "ancient remedy."
- The product is claimed to have been suppressed by a conspiracy of the government, the medical profession, or research scientists.
- Case histories are not documented.
- The product is said to be available from a single source or for a limited time.
- The description uses medical lingo to hide the fact it lacks good science.

For more information, go to: http://www.immunizationinfo.org/parents/evaluatingWeb.cfm

# Recommended Dosages of Hepatitis B Vaccines

| Hepatitis B virus risk status of the newborn and/or age of the vaccine recipient | **Vaccine Brand** (For specific prescribing information, precautions and contraindications, refer to the product inserts for each vaccine) | | | |
|---|---|---|---|---|
| | **Engerix-B (SmithKline Beecham)** | | **Recombivax HB (Merck & Co)** | |
| | Pediatric Formulation | Adult Formulation | Pediatric/ Adolescent Formulation | Adult Formulation |
| | Blue Cap 10 Fg (0.5ml) | Orange Cap 20 Fg (1.0ml) | Yellow Cap 5 Fg (0.5ml) | Green Cap 10 Fg (1.0ml) |
| Newborns born to HBsAg (+) mothers | 10 Fg (0.5ml) & HBIG to be given at same time within 12 hours after birth | | 5 Fg (0.5ml) & HBIG to be given at same time within 12 hours after birth | |
| Newborns born to mothers whose HBsAg status is unknown | 10 Fg (0.5ml) within 12 hours of birth; HBIG can be delayed until mom's status is known | | 5 Fg (0.5ml) within 12 hours of birth; HBIG can be delayed until mom's status is known | |
| Newborns born to HBsAg (-) mothers through 10 years of age | 10 Fg (0.5ml) | | 5 Fg (0.5ml)[2] | |
| 11-19 years | 10 Fg (0.5ml) | 20 Fg (1.0ml)[1] | 5 Fg (0.5ml)[3] | |
| 20 + years | | 20 Fg (1.0ml) | | 10 Fg (1.0ml) |

**Note:** Select the appropriate dose of vaccine based on the number of micrograms (Fg) you wish to administer. Different vials contain different concentrations of vaccine.

[1]**SmithKline Beecham's Engerix-B 10 Fg (0.5 ml) pediatric formulation** is approved for use for 11-19 year olds. If this formulation is not available, the adult formulation of 20 Fg (1.0ml) may be used.

[2]**Merck's Comvax** (hepatitis B and Hib) is a combination vaccine recommended for administration at 2, 4 and 12-15 months of age. As with all combination vaccines, it may be given to any child for whom either component is indicated and neither component is contraindicated.

[3]**Merck's 2-dose hepatitis B vaccine series:** The adult formulation of Recombivax HB 10Fg (1.0ml) is approved for use as a 2-dose series for adolescents 11-15 years of age. The second dose should be administered 4-6 months after the first dose. If a child starts the hepatitis B series prior to age 11, or completes the series after age 15, a 3-dose series must be administered.

Revised 5/12/00

# Michigan Resource Center (MRC) order form for free immunization brochures and materials

To order the materials listed below, fax this form to the Michigan Resource Center (MRC) Health Promotion Clearinghouse at 517-882-7778. An alternate fax number is 517-318-0538. Inquiries about specific orders that have already been placed can be directed to MRC, Health Promotion Clearinghouse, at 1-888-76-SHOTS. All other inquiries should be directed to Rosemary Franklin at 517-335-9485 or FranklinR@state.mi.us.

When filling out this order form, please bear in mind that most of these brochures are revised annually. Therefore, we recommend that you order only enough to last two to three months. All orders for brochures are limited to 500 per organization or office, unless otherwise stated. However, limits may also be lowered due to availability of supply.

**If you have a special need and you would like to request any amounts in excess of the limits, please refer to the directions at the end of the next page.**

| | |
|---|---|
| **Name:** | |
| **Company:** | |
| **Street address:*** | |
| **City:** | **State: MI**** **Zip code:** |
| **Phone no.:** | |

*** Reminder: We cannot ship to P.O. boxes.** ** Materials are available to Michigan residents only.

**Please enter quantity for each requested item.**

| Quantity needed | Materials for health care providers |
|---|---|
| (Limit of 1 per office) | **Alliance for Immunization in Michigan (AIM) Provider Tool Kit for Immunization, 2001** This packet contains the most up-to-date tools and information for health care providers who administer vaccines to their patients, including posters showing the contraindications for vaccination, the Recommended Childhood Immunization Schedule for 2001, information on proper storage and handling of vaccines, documentation resources and much more. This kit is made up of several folders of materials and includes separate tabs on Childhood/Teen Immunization, Adult Immunization, and Additional Resources. |

| Quantity needed | Materials for health care providers |
|---|---|
| (Limit of 5,000 cards per office) | **Adult Immunization Record Card**<br><br>We recommend that you provide an adult immunization record card to all your adult patients as you give them immunizations. Although the limit on this item is 5,000, we ask that you do not stockpile. Please order only enough to get you through this flu season. |

# Materials for patient education

| **Brochures for children and adolescents** | | |
|---|---|---|
| | Immunize Your Little Michigander<br><br>The September 2000 revision includes the new pneumococcal conjugate vaccine. | **Revised September 2000** |
| | Vaccine Safety – What parents need to know | |
| | Are you 11-19 years old?<br>Then you need to be protected against some serious diseases | |

| **Brochure for adults** | | |
|---|---|---|
| | Immunizations – They're not just for kids. Are you protected? | **Revised December 2000** |

| **Brochures about hepatitis** | |
|---|---|
| | The Dangers of Hepatitis B: What they are, How to avoid them |
| | Hepatitis, What you need to know.<br>(This brochure discusses hepatitis A, B, and C.) |

**Limits and exceptions**
If you have a special need and would like to request any amounts in excess of the limits, please call Rosemary Franklin at 517-335-9485 or e-mail her at FranklinR@state.mi.us. Ms. Franklin asks that organizations such as health plans and HMOs submit any large orders for brochures directly through the printer. She has the contact name and number for those orders. Non-profit organizations are encouraged to call Rosemary Franklin with any special needs.

**The Michigan Resource Center (MRC) order form on pages 26-27 expires on September 30, 2001.**

**After September 30, 2001:**

**You must use a revised order form.**

**(As of October 1, the fax numbers may change.)**

**Anytime after September 1, you may call MDCH at 517-335-8159 and ask for a revised order form**

Michigan Dept. of Community Health
3423 N. MLK Blvd.
PO Box 30195
Lansing MI 48909



# Vaccination Schedule of Children Late for Hib Vaccination

| Current Age | Prior Hib Vaccination History | Recommended Regimen |
|---|---|---|
| 7-11 months | 1 dose of HibTITER or ActHIB | 1 or 2 doses at 7-11 months, depending on age, booster at least 2 months later at 12-15 months |
| 7-11 months | 2 doses of HibTITER or ActHIB or 1 dose of PedvaxHIB | 1 dose at 7-11 months, booster at least 2 months later at 12-15 months |
| 12-14 months | 2 doses before 12 months | 1 dose at least 2 months after last dose |
| 12-14 months | 1 dose before 12 months | 2 doses separated by 2 months |
| 15-59 months | Any incomplete schedule | 1 dose |

Revised April 5, 2001

## Please note:

The Vaccination Schedule of Children Late for Hib Vaccination is included in the 2001 Alliance for Immunization in Michigan (AIM) Provider Tool Kit. On 4/5/01, the Division of Communicable Disease and Immunization slightly modified the Vaccination Schedule of Children Late for Hib Vaccination in order to make some clarifications. Because of this, the version of the Vaccination Schedule of Children Late for Hib Vaccination that is now included in all AIM Kits (and is shown here) and the schedule that was included in AIM Kits sent out prior to 4/5/01 differ slightly. It is important to note that although these two versions do differ slightly, the content has not changed, and if people follow the earlier version that will not cause any problems. To order an AIM Provider Tool Kit, fill out the enclosed order form (see pages 26-27) and fax your order to 517-318-0538.